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Chairman, Medical Staff Career Service Board

22 December 1960

Chairman, Medical Technician and Administrative Panel

Panel Study of Medical Staff Personnel Grade Distribution -
Long Range Effects on the Medical Staff Personnel Program

I. Problem:

To determine if a "head-room" personnel management problem exists within Medical Staff and if so, to submit recommendations for alleviating it.

II. Conclusions:

It is the unanimous conclusion of this Panel, that, barring drastic changes in CIA retirement policies or unforeseen expansion of this Agency, the Medical Staff will be faced with a serious personnel management problem within the next 5 to 7 year period. This problem will be created by an "over-grouping" of medical technical and administrative personnel in the GS-9 thru 11 category without "head room" for advancement. To a degree, this situation currently exists in Medical Staff.

III. Discussion:

1. A Panel review of Medical Staff technical and administrative personnel and their grade distribution revealed the following data* which has a decided bearing on the aforementioned problem:

(a.) Total number of Medical Staff technical and administrative personnel

(Headquarters and Field).

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*Data obtained from Medical Staff Personnel Officer

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(b.) Breakdown by grade of approved slots for medical technical and administrative personnel:

Development Complement.	
GS-6.	
GS-7.	
GS-8.	
GS-9.	
GS-10.	
GS-11.	
GS-12.	
GS-13.	
GS-14.	
Total	

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(c.) Breakdown by actual grade distribution of medical technical and administrative personnel:

Development Complement.	
GS-6.	
GS-7.	
GS-8.	
GS-9.	
GS-10.	
GS-11.	
GS-12.	
GS-13.	
GS-14.	

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(d.) Average age of medical technical and administrative personnel. 34

(e.) Average per annum personnel losses within Medical Staff (includes transfer elsewhere in the Agency, retirements, resignation and separation). 6

(f.) Total number of medical technical and administrative personnel reaching retirement age (under existing retirement regulations) within the next 5 to 7 year period 0

2. It becomes quickly apparent by perusal of the above data that:

(a.) The majority of medical technical and administrative personnel are grouped in the GS-9 thru 11 categories with minimal "head room" for advancement.

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- (b.) The normal chain of progression by personnel in lower grades is going to further over-load the GS-9 thru 11 grouping.
 - (c.) A "head-room" problem exists now for career Medical Staff personnel in the GS-9 thru 11 category, and that further, this problem will grow more serious with the passage of time.
3. It is the opinion of the Panel that numerous individuals, if not the majority, within the GS-9 thru 11 grouping will not have reached their "professional plateau" with the attainment of these grades. This opinion is arrived at thru personal knowledge by the Panel of these individuals abilities and potentials. Needless to say an individuals outlook, job performance and proficiency leave much to be desired when he finds himself faced with a long range situation where attainment of further promotions and more importantly responsibilities, is an uncertainty if not an improbability.
 4. The Panel realizes that a "head-room" problem exists Agency-wide. We are also aware of action being taken within various components of the Agency to alleviate this problem. These actions are varied in scope and nature and usually tailored to fit the operating needs of each component.
 5. The Panel feels that the "head-room" problem, found to exist within Medical Staff, is brought more sharply into focus by the relatively fixed job requirements (medical technical or medical administrative) occurring in Medical Staff together with the relatively small size (personnel strength) of this Staff.
 6. It is the opinion of the Panel that the inherent personnel management problems arising from this situation are serious enough in nature to warrant immediate remedial action. In its role as a support element to the Medical Staff Career Board, the Panel therefore feels obligated to bring this problem to the attention of the Career Board together with recommendations for alleviating the situation.

IV. Recommendations:

1. That, except in extreme emergency, recruitment of medical technical and administrative personnel be suspended for the indefinite future.

2. That intra-field re-assignments and transfers be used more extensively thus reducing the requirement for new personnel as replacements for returning overseas personnel.
3. That the existent CIA "selection-out" program be more readily invoked in those instances where individuals are consistently showing a "sub-par" job performance.
4. That the existent CIA external placement program be more extensively utilized in those instances where individuals are consistently "marginal" in their job performance or when they do not adjust to Agency job requirements. (e.g. overseas service, security consciousness, etc.)
5. That all Medical Staff GS-11 positions be re-evaluated and recommendations for "up-grading" initiated whenever and wherever responsibilities can be added to these positions which would warrant their "up-grading."
6. That Medical Staff ascertain whether or not there are positions open elsewhere in the Agency which could be filled on a "loan" basis by Medical Staff personnel. Such a procedure would offer temporary relief from the "head-room" problem.
7. That a program be initiated whereby attempts would be made to place selected senior medical technical and administrative personnel in positions elsewhere in the Agency. The Panel realizes that selection of these personnel would have to be made on basis of an above average job performance during their assignment to Medical Staff, coupled with a well rounded Agency training background which would prepare them for other Agency assignments of equal or greater responsibilities. (See Panel study on Training dated 21 October 1959) The Panel further recognizes that excellent personnel would be lost to Medical Staff by such a program requiring a change of the individuals career designation. It is, however, our belief that the resulting "head-room" gains certain to be realized in a program of this nature would greatly over-shadow the substantive loss of these individuals. Not only would the Medical Staff "head-room" problem be alleviated, but the individual, and more importantly CIA, would be certain to benefit from such a program.

 Chairman

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APPROVED:

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